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ABSTRACT

Intended for individuals with physical or sensory handicaps, the guide explores the social and interpersonal implication of disability and suggests alternative ways of dealing with related problems. Chapter 1 looks at the social environment that people with disabilities encounter. Potential social problems and types of situations the disabled may encounter are clarified. A second chapter presents two major approaches to managing problems--using general social skills based on principles of interpersonal relationships, communication, and attraction which are appropriate for people in general; and using specialized social skills for dealing with common aspects of all disabilities. Problematic situations that arise with specific disabilities are examined in chapter 3 and techniques for dealing with them are suggested. Among the problems addressed are bowel and bladder problems, reactions to deformity and disfigurement, and nonvisible disabilities. A fourth chapter surveys some of the major issues to consider in social situations which involve brief encounters, repeated interactions, and close relationships. Characteristics of constructive feedback are listed. A final chapter discusses ways to acquire the interpersonal skills in various settings, through a number of exercises and practice situations, and by using learning materials. Suggestions for further reading and a reader response form complete the guide. (SW)

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SOCIAL RELATIONSHIPS AND INTERPERSONAL SKILLS:

A GUIDE FOR PEOPLE WITH SENSORY AND PHYSICAL LIMITATIONS

Institute for Information Studies
Falls Church, Virginia

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INTRODUCTION

"Ever since my injury people don't seem to treat me the same as before. When I make a mistake, people are too embarrassed to tell me, and when I do my regular job, people act like I'm a genius or something. What's going on anyway?"

This spinal cord injured person shared a common experience among people with sensory and physical limitations. Disability has extensive social and interpersonal implications as well as the obvious physical ones. This book will explore these implications in detail and suggest alternative ways of dealing with well-recognized, but only recently studied, problems.

First, we will explain why interpersonal relationships, often difficult for many people, may be even more difficult for those with a congenital disability or one acquired later in life. Second, we will discuss general and disability-specific social skills for establishing and maintaining relationships. Finally, we will suggest ways to learn these skills in a wide variety of situations and with a number of different types of people.

To begin, the person with a disability might ask, "Why do I need a book on this subject? Aren't things the same as always? Am I not the same person?" On the one hand, it's true that you are the same person, but many people who do not have disabilities need education in the area of interpersonal relationships, too. These skills are not taught in elementary or high school; you're expected to learn them on your own. However, in many cases this does not happen. The demand for education in these areas has been so great that courses on social communication and interpersonal relationships are continually being added to junior college curricula. In addition, many self-help books for the general public are becoming available. For example, When I Say No I Feel Guilty (Smith, 1975) and Don't Say Yes When You Want To Say No (Fensterheim and Baer, 1975) are popular books on assertiveness, an important general social skill which will be covered in detail in Chapter II along with other social skills applicable to people with all disabilities. Contact: The First Four Minutes (Zunin, 1973) is a book about meeting, conversing with, and relating to other people, areas in which many people have difficulties.

On the other hand, because of your disability, you are, in some ways, a different person, if only because people often treat you as if you were. The effects of this are explored in Chapter I. Besides, when you become disabled, new situations arise, such as falling out of your wheelchair or walking into unseen barriers. You must learn to manage these occurences effectively and with social comfort. This subject is covered in Chapter III. In the remaining chapters we will discuss relationships with authority figures and others who may require special techniques (Chapter IV), and ways of learning how to manage problems that arise (Chapter V).

We must emphasize that some of the suggestions given in this text may seem very concrete and specific. You may not always agree. Many of these

Ideas have been developed from our personal and clinical experience with spinal cord injury. However, discussions with blind and deaf professionals and other physically disabled individuals have shown many commonalities in the social and interpersonal aspects of the various disabilities. It is important for individuals to try out these suggestions for themselves and evaluate their worth on the basis of feedback from their own environments.

I. THE SOCIAL ENVIRONMENT OR "PEOPLE TREAT YOU DIFFERENTLY"

In this chapter we will examine the social environment that people with disabilities encounter to: clarify the potential social problems and types of situations which you may encounter, and provide a basis for you to increase your self-knowledge. The information presented is designed to help you deal with difficult social situations more effectively by not letting them affect you negatively. Many disabled people are aware of problems arising from different ways that people treat them, and conclude that they are personally responsible because of something they are doing wrong. They don't realize that many of these problems are commonly encountered by disabled people, simply because of others' attitudes toward disability.

Various research studies have shown that disabled people are perceived by the public as different from nondisabled people; for example, they are seen as less socially skilled, more dependent, more politically conservative, and more personally "good." It has also been shown that knowledge alone does not change the public's attitudes about disabled people. However, when disabled and nondisabled people relate on an equal basis, attitudes do become more favorable.

The public also holds contradictory views of people with disabilities. For example, someone may say to a beautiful woman who is blind, "When I heard you were blind, I didn't expect someone so attractive". In other words, people do not expect that a "beautiful" person could also be disabled. Sometimes, a disabled person is also assumed to be fragile and easily hurt, emotionally and/or physically.

These are all forms of stereotyping. The tendency of one group to stereotype another stems from a number of factors: fears that disablement could happen to them; uncertainty about how to respond to an ambiguous situation; anxiety about saying the wrong thing; fear of causing embarrassment or hurt feelings; lack of contact and experience with disabled people; a generalized tendency to devalue disabled individuals; an assumption, in some cultures, that disabled people or their families have done wrong and are being punished for it; general ignorance about disability; and generalizations about disabled people based on a few experiences.

The attitudes of one group of disabled people toward another group of disabled people are often similar to those of nondisabled people. We tend to adopt the general attitudes of our culture to some extent. Disabled people's attitudes about other disabled people are not as negative as those of nondisabled people, and they are least negative toward individuals with similar disabilities.

Such negative attitudes conflict with cultural values requiring us to be kind, compassionate, and helpful to people with disabilities. These conflicts create discomfort, anxiety, emotional arousal, ambivalence and/or condescension, defined as behaving as if one is conscious of descending from a superior position. Fear of revealing unacceptable feelings may lead

able-bodied people to become more formal and controlled in their behavior at first, and later to form overly favorable or unfavorable opinions about a disabled person.

One result of these conflicting attitudes and behaviors is that disabled people may receive less criticism and more praise than deserved. Therefore, they may learn to ignore praise and pay closer attention to criticism. This can result in shyness, detachment, and a tendency to regard only negative cues as trustworthy. The "feedback" or information that disabled people receive about how well they are performing is determined more by the custom (to be kind) than by demands or expectations for good performance. Information on how well the person is doing is not based on expectations of poor performance as much as on worry about hurting a disabled person's feelings. As will be seen later, a side effect of this loss of honest feedback is sometimes, aggressiveness and/or passive behavior on the part of the person with the disability.

Davis (1961) summarizes these behaviors and attitudes - "Informants report familiar signs of discomfort and stickiness: the guarded references, the common everyday words suddenly made taboo, the fixed stare elsewhere, the artificial levity, the compulsive loquaciousness, the awkward solemnity" (p. 123).

Other results of society's conflicting attitudes and behavior are social isolation and lack of social mobility for disabled people. . At parties or other social events where people haven't previously met, disabled individuals may receive fewer social contacts, especially from nondisabled people in the group. This is particularly so when the disabled person has reduced communication ability or mobility. Numerous surveys have shown that people with disabilities tend to be less active socially than people in general are with their friends or family. Activities such as: shopping; going out to movies, restaurants, or other forms of public entertainment; attending PTA or lodge meetings, or other social or political group meetings; doing volunteer work; attending school or vocational training classes tend to be reduced. Additionally, only a small percentage appear to know about groups "by and for" disabled people which are potential sources of support and encouragement.

Finally, poor health behavior (such as: allowing pressure sores, genito-urinary infections, and emotionally influenced illness to develop) may be partially the result of poor self-esteem, feelings of loss of control, and desires to hide the disability. Many such feelings can arise from inadequate social relationships.

One conclusion we could draw from the above is that the disabled person may be seen as a member of a minority group. When s/he performs above average, s/he is said to be "a credit to his/her disability." When s/he performs below average, s/he is, after all, "disabled and not to be blamed or censured."

The ensuing problems may seem insurmountable, but many disabled people

have learned to manage them and are very comfortable and effective in their interpersonal relationships. The rest of this book will cover disability-specific strategies for dealing with these problems.

II. MANAGING PROBLEMS

Once you become aware of the social problems a disability may create, the question becomes: what to do about them? In this chapter we will present two major approaches: general social skills based on principles of interpersonal relationships, communication, and attraction which are appropriate for people in general, and specialized social skills for dealing with common aspects of virtually all disabilities. Social situations that are specific to particular disabilities, people with whom you may need special skills, and ways of dealing with both will be discussed in chapters III and IV. In the next few pages we will describe some general social skills: principles of interpersonal relationships, communication, and attraction.

Listening

Listening skills allow you not only to listen to and understand what people are saying but, more importantly, to let them know that you are listening and that you understand. The importance of these techniques is emphasized in a series of TV commercials by a company which gives seminars in listening which state many business problems result from not listening. Many social and interpersonal problems also result from poor listening skills.

Passive listening is shown by head nodding, eye contact, and by not doing other things while a person speaks (like reading or thinking about what you are going to say next). It also helps to indicate to the person that you are listening by what is called "verbal following." This is a technique of repeating the other person's key words.

Active listening is a way of letting another person know that you understand what is said by paraphrasing his or her comments. One way to do this is to define terms by saying "is what you mean...?" Also, you can summarize the individual's statements by saying, "We seem to be getting to the point where...." The functions of active listening are to:

- Clarify what has actually been said and meant
- Encourage the expression of emotions
- Establish a relationship with the individual
- Show acceptance of what the individual is saying without judging it
- Encourage the person to explain further
- Check out the accuracy of one's own perceptions and assumptions.

Sometimes we discover that we did not understand what a person really meant to say. By paraphrasing, or by checking out our perceptions of what the person was trying to communicate, we can often clarify with the individual what was actually meant.

Asserting Yourself

One's degree of assertiveness strongly influences interpersonal communication. Assertiveness has been defined as "behavior which enables a person to act in his own best interest, stand up for himself without undue anxiety, and to express his rights without destroying the rights of others" (Alberti and Emmons, 1974). The major alternatives to assertiveness are to be passive/submissive or to be aggressive. You always have a choice. You may decide under what circumstances you are going to be passive, under what circumstances you are going to be assertive, and under what circumstances you are going to be aggressive.

The table below compares these three types of behavior. The left side of the table shows different aspects of these three different kinds of behavior. The top segment describes the behaviors in terms of their major characteristics and consequences. For example, passivity permits others to infringe upon your rights, and it is self-denying. Assertion is an emotionally honest, direct expression of your feelings, and it is self-enhancing. Aggression is overly honest, hostile, and self-aggrandizing, and it imposes your choices on others. The remaining segments illustrate how each alternative causes you and others to feel about yourselves and each other, the outcomes and "payoffs" of each alternative, and types of verbal and nonverbal communications associated with each alternative. Review of the total table leaves little doubt that choosing the assertive option over either the passive/submissive or aggressive options will enhance the quality of your social relationships.

Many people with disabilities find that placing special emphasis on the nonverbal aspects of assertiveness helps to compensate, to some extent, for the effects of negative public attitudes and behavior. For example, if your disability permits, good posture, eye contact, firm voice, calmness, and avoidance of nervous mannerisms or tics, "uh's," and "you know's" can facilitate social interaction greatly. If you act socially "crippled," you are likely to be treated accordingly.

COMPARISON OF SOCIAL BEHAVIOR STYLES*

	Passive/Submissive	Assertive	Aggressive
BEHAVIOR	• Ignores; does not express own true rights, needs, desires, feelings • Emotionally dishonest, indirect, inhibited, manipulative • Self-denying	• Appropriately emotionally honest, direct, expressive • Expresses and asserts own needs rights, desires, feelings • Self-enhancing	• Inappropriately emotionally honest, direct, expressive (over-reacts, hostile, angry) • Expresses conceived rights at expense of others • Self-aggrandizing
VERBAL COMMUNICATIONS	• Rarely thinks through long-term goals for self • Apologetic, uncertain words, veiled or indirect meanings • Operates from unstated assumptions; doesn't say what is meant; hedging, rambling • "You know"; "I mean"; "that is"; "er...ah"	• Recognition of inner needs, wants; focuses on long-term goals • Uses objective words; communications are polite but firm, simple and clear • Direct, honest statement of feelings and needs, gives opportunity to others for same • "I think"; "I feel"; "I'm beginning to believe"; etc.; says "no" initially if refusing a request	• Knows what one wants (short-term) and intends to get it no matter what • Tends to use subjective, emotional, imperious words, long explanations; • Direct statements, often sharp and accusatory, or cuts others short; "puts down" others • "Your fault"; "you made me"; "you better...or"; "everyone thinks"
NON-VERBAL COMMUNICATIONS	• The other must guess or intuit what one wants • Appears not to mean what is said, sometimes shy, or sly	• Attentive listening behavior; thinks before speaking • Words, facial expression match assured manner; communicates caring and strength	• Exaggerated show of strength, may be flippant, sarcastic, bullying, grouchy, picky • Demanding manner, authoritative, superior style

COMPARISON OF SOCIAL BEHAVIOR STYLES (cont.)

	Passive/Submissive	Assertive	Aggressive
NON-VERBAL COMMUNI-CATIONS (cont.)	• Voice often hesitant, sometimes wavering, even whiny • Eyes averted or downcast, sometimes pleading or teary • Often leans for support, twisted stance, or sagging posture; fidgety hands, feet	• Voice firm, relaxed, well-modulated, fluent • Eyes open, frank; direct with eye-to-eye contact • Usually well-balanced, erect, but relaxed posture; smooth gestures, no foot shuffling or hand wringing	• Voice often shrill, loud, or very quiet with lips compressed • Eyes sometimes direct, coldly appraising; narrow, not really "seeing" • Aggressive, defiant or threatening posture, rigid body; sharp abrupt gestures
OUTCOME OR CONSEQUENCES	• Permits others to infringe on one's rights • Rarely, if ever, achieves desired goals • Future limited to unspoken (and understood) bargain • Allows others to choose for self	• Stands up for legitimate right so that the rights of others are not violated • Often, but not always, achieves desired goals • Future open • Chooses for self	• Assumes illegitimate rights; intent is to hurt, humiliate, or to "get even" • Usually achieves desired goals by hurting others • Retribution may follow long-range block • Chooses for others
HOW YOU FEEL	• Smug if manipulative, usually disappointed in self at time • Anxious, tense, hurt, and maybe angry later	• Feels good about self at time • Confident and self-respecting	• Angry, righteous, and superior at the time • Possibly guilty, self-critical, or remorseful later
HOW OTHERS FEEL TOWARD YOU	• Presumptive, irritated, disgusted • Possibly pity or disregard	• Generally trustful • Generally respectful	• Unfriendly, untrusting, cautious • Possibly angry and vengeful

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COMPARISON OF SOCIAL BEHAVIOR STYLES (cont.)

	Passive/Submissive	Assertive	Aggressive
HOW OTHERS FEEL TOWARD SELF	• Superior • Possibly guilty, or angry toward self if manipulated	• Treated as equal • Valued, respected	• Hurt, humiliated • Possibly frightened
PSYCHO-LOGICAL COSTS OR PAYOFF	• Unpleasant and risky situations, conflict and confrontations are avoided, but self-value diminishes • Needs are not met • Overtime, depression, or anger accumulates	• Feel good, less inner conflict; goals clearly thought out; self-esteem and confidence increases • Needs usually (but not always) met • Freer and more honest relationships with others	• Must justify emotional outbursts by inflating ego or saving up resentment • Those you have hurt are wary; alienates others from you • Encourages dishonesty from others when dealing with you

*Adapted and modified from: Alberti, F., and Emmons, F.L. Your Perfect Right: A Guide to Assertive Behavior; San Luis Obispo; Impact Publishing, 1974 and Jakubowski-Specter, P. An Introduction to Assertive Procedures for Women, Washington, DC: American Personnel and Guidance Association, 1973.

Expressing Negative Feelings

The expression of negative feelings is a problem for many people in our society. We tend to hold back criticisms, complaints, and unhappy feelings - in a passive/submissive way - to avoid hurting or alienating others. Then, when we can't hold the negative feelings back any longer, we are apt to "explode" emotionally - in a very aggressive way - and hurt or alienate the other person anyway. The problem is, we hurt ourselves by doing this. Assertiveness can stop this "vicious cycle." The table below shows some of the clues that tell you assertive behavior is called for. When you find yourself behaving or feeling in these ways, it is usually a good indication that you should be more assertive.

CLUES THAT ASSERTIVE BEHAVIOR IS NEEDED*

- Having pent-up feelings of frustration and anger or unreturned love; constantly engaging in thoughts about a certain person or situation
- Steering clear of situations to avoid meeting someone, especially when feeling anxious or resentful
- Withdrawing from an interpersonal situation, and then feeling anxious or resentful
- Creating problems for others to gain some satisfaction, to "get even," or to protect your rights (for example, "forgetting" to run an errand or "accidentally" blocking someone's way)
- Using indirect "hints" to get a message across - and expecting the other person to understand them
- Making excuses to justify your behavior, especially if you feel uneasy; feeling the need to smile and apologize
- Feeling continued resentment toward another person (which, by the way, does you both a disservice)
- Putting yourself down relative to another person; for example, thinking: "I'm not as good"; "He must be right"; "I can't compete with him"
- Denying yourself and your feelings relative to another person; for example, thinking: "My needs are not that important anyway"; "I'm not going to worry about it"; "He or she might get angry and disapprove of me"; "I want to be a 'nice guy' about this"; "I mustn't take a chance on hurting someone else's feelings no matter what"
- Acting aggressive by showing a lack of consideration for others' needs and feelings, in verbal and/or physical ways.

*Adapted from Rakos (1979).

Many people also find it difficult to reject help that another offers, even though it is unneeded and unwanted. The content of what you say is important. You should say "no" early in your refusal, be firm in what you say, and request changes in behavior. A blind person refusing help in getting across a street might say, "No thank you. I don't need help crossing, but you could tell me when the light changes, if you please." Saying "no" is more effective, and kinder, when an alternative is suggested. How poised you sound and look are also very important. Whether you say "no," and how you say it, are often functions of your relationship with the person offering help. These issues will be discussed in Chapter IV. You may want to give constructive feedback or information to the person about how s/he is coming across to you. Since this skill is particularly useful in developing close relationships, discussion of this aspect of assertiveness will also be reserved for Chapter IV.

Disclosing Yourself

Self-disclosure, an important component of assertiveness, means verbal communication of your feelings or desired behaviors. You can name your feelings; for example, "I feel embarrassed"; or you can use similes such as, "I feel like a tiny frog in a big pond." Also, you can express an urge to action; for example, "I'd like to hug you." These are ways of expressing emotions - how you are feeling right now. Note that these expressions use the word "I" and not "you." For example, if you say, "You're making me angry," that is not self-disclosure; it is an accusation. It implies that the other person is to blame. This usually provokes a defensive reaction. However, if you say, "I'm feeling angry in response to what you're saying," you are taking responsibility for your own emotions and simply sharing them, not implying that they are the other person's fault. In general, use of "I - statements" (e.g., "I feel") will facilitate all communication about feelings.

Encouraging assertiveness in others is also a very important interpersonal skill. Beforehand, you may have to reassure people that you genuinely want to receive deserved criticism. Afterward, you may say something like, "Thanks, I'm really glad you told me; I didn't know I was coming across like that." It's often useful for disabled people to make implicit, or hidden, feelings more open, direct, and explicit; this is a way of making people more comfortable with being assertive and giving you criticism. You might say something like, "A lot of people have difficulty expressing negative emotions to disabled people, because they are afraid they are going to hurt the disabled person's feelings. I really want to hear criticism from you if you feel it, because that's the only way I can learn where I need to improve."

Communicating positive emotions is an aspect of assertiveness that needs to be emphasized as well. It is very important to tell people when you feel good, to compliment them, and to express positive emotions. This

topic is particularly important in close relationships, and is covered extensively in Intimacy and Disability, published by the Institute for Information Studies. Briefly, however, three important behavioral aspects of communicating positive emotions should be noted.

First, warmth and respect are essential to communicating a willingness to listen. This may involve maintaining eye contact and a relaxed posture, leaning toward the person, and sitting closer to him or her. You can communicate interest and help people tell their own stories by using head nods, avoiding interruptions, repeating key words, asking open-ended questions, and paraphrasing what has been said. Open-ended questions are important if you want to find out more about a particular subject from the person. These are questions that cannot be answered "yes" or "no." They allow the person to expand, to give you more detail, and to express things the way they feel them. Examples of open-ended questions are, "what do you think about...? Would you tell me about...? How do you feel about...?" It is important to communicate warmth toward the person and respect for his or her worth, integrity, and abilities by using nonevaluative language, using the person's name, and making positive statements about the person.

Second, communicating positive emotions involves the expression of empathy, showing that you understand the person's feelings as well as the events or the facts about which s/he is speaking. In other words, if you are speaking with someone who says, "That fink gave me an F on my exam," you would reflect the feelings by saying "Gee, you must really feel bad about that." If you responded, "Oh, in what course did he give you a F?" that would show concern with facts, not feelings. In general, the verbal components of empathy reflect feelings, particularly those expressed nonverbally, and try to make statements rather than ask questions; e.g., beginning "I'm sensing"; "I'm hearing"; "It sounds like." It also helps to acknowledge how difficult it is to express feelings if an individual is having trouble doing so. You can also communicate empathy nonverbally, through the intensity with which you speak, your tone of voice, and the pace and volume at which you speak. The degree of body tension you show usually communicates your involvement. This is shown by sitting close, leaning forward, or, if you can, occasionally touching the person.

The third aspect of communicating positive emotions is to demonstrate your genuineness. This is a matter of admitting it when you lack understanding, asking for clarification, and acknowledging your limitations as well as any potential you have for helping an individual. You try to communicate a willingness to look at your own feelings and your own reactions in an honest way.

Receiving Compliments

Many people find it difficult to accept compliments. When they are complimented, they may challenge the person's judgment by saying, for example, "Oh no, it's just an old dress I threw on." Such refusal to accept compliments suggests false modesty. Sometimes people "throw a

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compliment back" when they feel embarrassed about accepting it. They may say, "Thanks, you look great, too." This can make the person who complimented you feel uncomfortable, as if you thought s/he was "fishing" to receive a compliment. It is generally best to assume that the person is expressing sincere, straightforward appreciation, and simply thank him or her for that. You might say, "Thanks, it really feels good to hear you say that." Such honest responses please the person who pays a compliment.

Confronting Others

Confrontation is a social skill which involves pointing out apparent inconsistencies between another's verbal and nonverbal behavior. An example of a confronting statement is, "You say you really hate that guy, but you are saying it with a smile, so I really don't understand what you're trying to say." It is a difficult skill for many people to master, because they fear it may lead to rejection. However, when properly done, it can strengthen a relationship rather than weaken it. Because it calls for much caring and involvement, you may sometimes want to delay confrontation until you are ready to deal with an issue. You might say something to the effect, "I'm really too tired right now; may we talk in about an hour, after I get a little bit of rest?" Notice that if you are going to delay confrontation, you should "contract" for a specific time when you are willing to deal with the particular situation. When the time comes, confrontation can be made easier on you and the person you are confronting, if you apply the principles of constructive feedback described in Chapter IV in the section headed "Close Relationships."

Conversation

The techniques you use to initiate conversation depend on whether your goal is small talk or a serious discussion. Initiating enjoyable small talk in social situations is the more difficult task for many. When you want to have a serious discussion, the urgency of the topic tends to "take over," and you do not feel the need for techniques so strongly. This should provide a clue to what makes small talk successful: The person actually cares about the topics chosen. Often, the conversation begins with an attempt to draw the other person out, to encourage him or her to share an opinion or a bit of personal (but not too personal) information.

Whether your goal is small talk or a serious discussion, maintaining a productive or enjoyable conversation requires the use of good listening skills, asking open-ended questions, making eye contact, making positive statements about your conversation partner, and avoiding interruptions. If you want to change the subject, try to mention the other's point and explain the change. For example, "I understand what you're saying, but...." You also may use "bridging statements" to make a connection between the two topics. For example, "Your last point reminds me of...." When you are trying to end a conversation, try to find a natural pause, make less eye contact, and simply say, "I've enjoyed talking with you," followed by an appropriate way of excusing yourself (e.g., "I want to catch

Sally before she leaves").

An aspect of conversation with which some disabled people often have difficulty is letting a conversation be focused on one's own disability. People are often curious, but if you prefer not to let the disability become the focal point of the conversation, you should try to deal with that early in the interaction.

Touching

Physical contact is an important aspect of being close to another person and expressing positive emotions. It functions as a greeting, to communicate warmth, and to get attention, as well as to communicate sexuality. Touching is not used as much in our society as in some others; moreover, many people are somewhat more anxious about touching people who have disabilities. However, if you initiate the touching in appropriate circumstances, this may make them more comfortable with returning such gestures. If motion limitations or prosthetic devices make touching complicated or impossible for you, it will become important for you to educate the other person. You can do this verbally, with such statements as, "Gee, I'd hug you for that if I could." This lets the person know you would be pleased by physical contact, and s/he can decide whether s/he wishes to initiate it.

Maximizing Physical Attractiveness

Physical attractiveness is important in our society. Good grooming, nice clothing, and cleanliness are the basic elements. Research has shown that good-looking people "are seen as more responsible for good deeds and less responsible for bad ones; their evaluations of others have more potent impact; their performances are upgraded; others are more socially responsive to them, more ready to provide them with help, and more willing to work hard to please them" (Huston and Levinger, 1978, p. 122). In other words, physically attractive people have many social advantages. Although no research has demonstrated it, general experience indicates that disabled people who are physically attractive enjoy many benefits, from making friends more easily to getting better and faster service from agencies. When a disability impairs your attractiveness in some ways, it is even more crucial to compensate for this by increasing it in every way that you can.

Meeting New People

Good social skills won't do you any good if you don't know how to find people with whom to relate. Techniques which have worked for others usually place the individual in situations where compatible people are found. To choose the best places for meeting like-minded individuals, you must first know yourself: your interests, values, abilities, and preferences for certain types of companions. This self-knowledge will help you decide whether to join a social club, a political or religious organization, or a community group; take an adult education class; put a

personal advertisement in a particular newspaper or magazine; go to art shows, museums, or flea markets; or ask friends or acquaintances about their favorite local "hot spots." One advantage of special-interest clubs and classes is that they allow people to get to know you as a like-minded person first, rather than as a person whose disability is his or her most obvious characteristic.

Handling Common Disability-related Issues

This section will describe ways to deal with social situations that cause anxiety, discomfort, or potential embarrassment relating to disabling conditions of many kinds. Some of the suggested approaches may be used in one-to-one interactions, and others are suitable for use in public education programs. Coping techniques appropriate to specific disabilities will be the topic of the following chapter.

Acknowledging Your Disability

This technique makes nondisabled people more comfortable, even if it makes you a little anxious or uncomfortable yourself. Your payoff comes later. Once others feel more comfortable, you will too. Curiosity is normal, and self-disclosure helps to satisfy this curiosity and get the subject of your disability out of the way. It involves brief explanations of your sensory or physical limitations. Without the understanding that a brief explanation can provide, another person may be afraid of saying something "stupid," hurtful, or embarrassing, and such fears can wreck a conversation. "Disclosure etiquette" involves describing your disability in calmly matter-of-fact ways, and assuming that your listener can accept what you describe in an equally matter-of-fact manner. Able-bodied people are often unaware of what you are able to do and what you can't do. Try to find a natural time in the conversation to "drop in" such information. Self-disclosure gives you an excellent opportunity to show that you can take your disability in stride. This encourages others to take it in stride, too. Similar techniques can be used to relieve your own sense of strain if you have a nonvisible disability of which you feel another person should be aware.

Using Humor

Humor is a powerful technique for putting people at ease in difficult or sensitive situations. You can use humor to show that you are not experiencing disability as a serious problem all of the time; that you can appreciate its comic aspects. The comedienne Lily Tomlin illustrates the use of satire to both entertain and "teach" people with her routine about a quadriplegic woman named Crystal. It is important to remember, satire points out ironies, but it is not bitter. Bitterness is never funny.

Using plays on words, (e.g.) "I prefer the Braille method for getting acquainted," or "I brought my own chair"; telling stories on yourself; or giving joking answers to thoughtless questions such as, "Did you lose your

leg?" usually helps people feel more comfortable - if you use a smile. The first step is to develop your ability to see the humor in your own situation. Next, learn to express it in your own style. Bear in mind, though, that any skill can be overused or misused, and humor is no exception. If you allow it to dominate your communication or use it unkindly for hostile purposes, its effectiveness will be weakened.

Making the Implicit Explicit

This technique is used mainly in close relationships or those you want to make closer (see Chapter IV). However, it can also be used to help acquaintances deal with their feelings of discomfort. Try to reflect any discomfort that you sense a person feels by saying something like, "It's really hard for many people to talk about my disability, even though they have questions they feel a need to ask. If I were in your place, I think I would want to know that..." is often a good start for giving information without embarrassing the other person.

Asking for Help

Asking for help is difficult for many people, but it may be more difficult for disabled people because often more help is needed. Two basic ground rules for successfully obtaining help are: Try to make eye contact with the person, or face him/her directly .If you're blind, because eye contact "permits" people to approach one another, and facilitates interaction; and be very specific in your request. Both of these help your self-confidence and also reduce the probability of a "scene" developing. These techniques also help people help you, which is not always easy to do. Specific directions must virtually always be given to strangers. For example, it is not enough for a blind individual to ask for help across a street; s/he must specify exactly in what way the person can help. Similarly, a wheelchair user asking for help up a curb will need to show or tell the person where to hold, and what to do, and where to stop. Use your best posture and a firm voice in asking; this helps you avoid appearing to be in a "one-down" position. If you use a passive approach in asking for help, your helper may act oversolicitous or condescending. If you use an aggressive approach, you may get an aggressive counterreaction. Either of these approaches makes it more difficult for you, and for other disabled people. (See Chapter III.) Finally, thank the helper for helping. People generally feel good about helping, and thanking them gives an even greater reward.

Refusing Undesired Help

This is difficult for many disabled people for two closely related reasons - fears of "turning off" potential sources of help that might be needed later, and the rationalization that it makes people feel good even if the help is not necessary. Refusing unwanted help in an appropriate, assertive manner, however, can make both you and a potential helper feel good about the interchange. In addition, it can help you realize that you

are not here to make people feel good, when it must happen at your "expense." Visibility of a disability often makes people try to help you when you don't want or need it. To counteract this you can try not to make eye contact, because its absence discourages others from approaching you. For example, if you are trying to put your wheelchair into your car, by ignoring the people passing by, you can reduce the probability that they will attempt to give you unwanted help. Appearing competent and remaining calm, however hard you have to struggle, also discourages offers of help. When offers are made, simply look at the person, refuse politely, and continue what you were doing. You may need to make a quick response, because if you stammer, some people will not believe you and may continue to offer unneeded assistance. When this occurs, you can politely, but assertively, thank the person for not helping. A very effective "standard" response is, "I prefer to do it myself, but thank you very much for asking." This conveys your "no" immediately and clearly and, at the same time, shows appreciation of the helping motive. It doesn't discourage the person from approaching others who might want and need help in the future, and it rewards the person for kindness even though no help was supplied. Everyone "wins."

Handling Unwelcome Social Advances

Many disabled persons have experienced unwelcome social advances that seem to be related to their disabilities. Some people assume that you will have more sympathy for their problems. Others want to tell you about remedies they believe will work. Still others may be drunk or simply hoping for a "captive audience" who can't quickly get away. You can control these situations by using techniques opposite to those used for encouraging social interaction. Make no eye contact; try to do other things; pay attention to someone/something else; make no verbal comments that could encourage communication; if you can, move away; if you can't, ignore; or use firm refusals, if an individual persists. Be firm but polite; an aggressive response may lead to counteraggression particularly if the individual is drunk. One last caution: if you accept someone's offer to buy you a drink, then you may be obligated to listen to a long story!

Dealing With Staring

Being stared at becomes a problem for some disabled people, because of what they tell themselves about the staring. If you think you are being stared at because a person sees you as a "freak" or a "weirdo," then you're bound to feel uncomfortable. On the other hand, if you believe you're being stared at because a person is surprised at seeing such a good-looking person using a wheelchair, you probably won't mind it at all. For most of us, the truth probably lies in between these extremes. People are naturally curious and will look at whatever is new to them. Realistically, you may present an unusual experience to many nondisabled people. Aggressive staring back or saying, "What's the matter, never seen a cripple before?" only embarrasses the other person. If it bothers you, it is

usually best to "take no notice" and ignore it. If you're socially extroverted and self-confident enough, enjoy it. After all, most people want to be unique; you are. Be a good model, smile, and have a good time. This is an opportunity to let people know that you are a "regular person" who engages in many ordinary activities and enjoys life. It is important to "be yourself," because people are sensitive and quickly pick up on false bravado or enjoyment. It may help you to know that you have done your best to be an attractive person who conveys a sense of self-respect and self-liking.

Handling Questions

Like stares, questions are seen as insulting by some disabled people. However, they can also be viewed as good opportunities to do spontaneous public education. Assuming the questioner has been polite, if you have the time, try to answer the question. If the person cares enough to ask, s/he might care enough to share your accurate information with others. Curiosity management is very important in close relationships, where often it is better to explain some aspect of disability before questions arise. This is especially true in matters of sexuality, and is discussed in Intimacy and Disability, another book in this series published by the Institute for Information Studies.

Using Public Education Materials

This is an added way of facilitating interaction among disabled and nondisabled people. Pamphlets such as "What Do You Do When You Meet a Blind Person?" (1975) are useful in this regard. English (1971) discusses a number of ways in which rehabilitation professionals and disabled people can educate the public about disability. He suggests the following:

- Increase meaningful interaction between disabled and able-bodied people in clubs, political organizations, and recreation facilities
- Influence the mass media to present more realistic views; the Institute for Information Studies' booklet entitled How to Win Friends and Influence the Media (1979) provides useful guidelines for doing this
- Include the family and others who are significant to a person in his or her treatment program
- Organize politically
- Pressure elected officials
- Promote and participate in citizens' advocacy groups
- Design institutions to provide humane, independence-fostering treatment of disabled people
- Professionalize the human services by using "sensitivity training" to raise awareness and by discouraging the exploitation of disabled people for fundraising purposes
- Provide disabled people with facts about stigma and improve their behavioral skills for dealing with nondisabled people.

The last item above is one function of this book. If every disabled person educates ten people, soon, 400,000 people would have an accurate understanding of many of the issues. It's easier for each of us to change the attitudes of the people whom we know than to change attitudes through the mass media, but both approaches are useful.

Don't "test the limits." This is a technique which some people use to test their relationships. They make things as difficult as possible to see whether another person will continue to love them in spite of all difficulties. However, another person can never really prove that s/he will be steadfast in spite of everything.

Some disabled individuals also try to surprise or shock people and use the visual impact of their disabilities to get their way. It is usually wiser to inform people and to let them know what to expect. For example, in arranging an appointment with a stranger by telephone, you might say, "Oh, by the way, I use a wheelchair. Are there any steps into your office?" If there are, an alternate meeting place can be arranged. The other person can still get the message that barrier removal is needed, and you can avoid a frustrating, wasted trip.

III. DISABILITY-SPECIFIC SOCIAL SKILLS

In addition to the shared interpersonal problems that disabled people encounter, a few situations arise that are specific to particular types of disabilities.

These include situations that are embarrassing, cause "scenes," or in other ways decrease a person's desire to be out in public. The major tactic for dealing with these situations is to stay calm, because you will find them easier to manage the "second time around." Often, anxiety about dealing with certain situations presents the greatest problem. However, unless you are willing to take the risk of putting yourself in the feared situation, you cannot learn to deal with it; only experience with performing in the situation will help to lessen your anxiety.

Problematic situations that arise for some people with specific disabilities will be examined in this chapter, and techniques for dealing with them will be suggested. Reading all of the material will help you better understand the problems that confront people whose disabilities differ from your own.

Bowel and Bladder Problems

Bowel and bladder accidents are acutely embarrassing because of early training and cultural prohibitions about soiling oneself. Loss of bowel or bladder control is viewed as childlike and stirs up strong negative emotions. A number of disabilities involve impairment of these control functions, and unavoidable accidents do happen. The best way to handle such situations is to disclose your problem to the extent that you are comfortable, and excuse yourself. Try to stay relaxed. If you show that you can "take it in stride," others can too. Some people feel more at ease by just saying they have had some problems and must leave. Others may want to say, "I am having problems with my bowels and must leave." It's usually best to excuse yourself, staying only if absolutely necessary, because if you stay, your anxiety may make things worse. If an accident occurs during an important event such as a job interview or meeting, try to schedule a new appointment before you leave. If you are uncomfortable about delaying your departure for the few moments this will take, simply say when you will call to reschedule. You also might want to disclose the frequency of occurrence and briefly explain why such accidents occur among people with your disability, depending upon the closeness or importance of the relationship.

It may be reassuring to know that many people with spinal cord injuries or other disabilities that predispose them to bowel/bladder accidents tell "stories" on themselves about having had accidents on their first dates with their husbands or wives. Since they eventually married these individuals, accidents obviously do not automatically "turn off" other people. What can turn them off is a display of emotionality that shows you have not accepted an aspect of yourself.

Communication Problems

Communication is a deaf person's handicap. Although the disability directly affects only auditory communication (speech, other sounds), reading ability is indirectly affected because many deaf people think and speak in a language unknown to hearing people. They are denied access to the major mode of day-to-day communication - the voice. The use of interpreters helps, but numerous problems, including confidentiality, trust, and comprehension, still interfere, especially with the communication of private and/or personal feelings. Lip readers may need to ask others to speak slowly or face them when talking. Also, they must avoid inadvertently ignoring someone, especially if they are trying to conceal their hearing handicaps. The inability to hear a speaker's tone of voice makes full understanding and relating difficult.

Blindness also interferes with communication. Beyond the obvious interference with written or other visual communications, lack of visual ability also results in an inability to see gestures and facial expressions. This makes social interaction more difficult and may contribute to a feeling of isolation. Too, when many people are present, a blind person may be unsure whether s/he is the one being addressed, and if so, by whom.

Sometimes, the ability to "receive" communications is unimpaired, but the ability to "transmit" messages is affected by a speech disability. Some individuals can make themselves understood by listeners who will be patient with slowness and/or who will pay close attention. Others must use speech substitutions, such as written messages or electronic aids that mimic human speech. In either case, social skills for putting people at ease and gaining their interest and attention are required.

For people with all types of disabilities, words such as "see," "walk," and "hear," when used by some nondisabled people, may cause communication difficulties, because their discomfort or embarrassment may sidetrack the conversation. Others talk to disabled people through their companions, so you may need to ask people to speak to you directly instead. To solve communication problems, the first step is to communicate the fact that a problem exists. Then, when someone talks too loudly to you, or talks about you in your presence as if you weren't there, or gets upset about saying "see" or "walk," take these good opportunities to give helpful feedback.

If you are blind, try facing the person you are talking to even if you are not able to see him or her. This social skill conveys an important message, that you are paying attention and that you understand what the person has said. Show that you, yourself, use the word "see" without hesitation or discomfort. This is an example of <u>modeling</u>, where you show the person with whom you are interacting that <u>you</u> don't have any problems with these very common words.

If you have impaired hearing, tell people when they are mumbling or not speaking slowly enough or not facing you. If you sense aloofness or coldness in someone you know, check out whether or not they felt snubbed. You might try saying, "I was wondering if you felt like I hadn't paid any attention to you when you spoke to me." Learn to modulate your voice to an appropriate level by using visual clues. For example, if people tend to lean forward when you talk, you may not be talking quite loudly enough; if they back away, you may be talking too loudly. Facial expressions and "body language" (gestures, fidgeting, etc.) become your most important clues for understanding others' emotions when tone of voice is not available as an aid. You may sometimes have to ask your interpreter to request that others speak to you rather than to him or her. Many of these approaches call for assertiveness, which was discussed in the previous chapter.

Confidence that you are communicating effectively is learned gradually. For example, if you use an interpreter, learning that your feelings and thoughts are being communicated faithfully and confidentially requires you to take certain risks while s/he proves herself or himself.

Some people who find speech difficult give out cards that explain their problem, and request careful listening (or whatever accomodation is needed). This is often a useful first step. After that, it is important to make sure you are well-informed about the range of available communication aids. A counselor in your state vocational rehabilitation agency should be able to help you locate information on communication systems and devices that might help. Many of the general social skills discussed in the previous chapter can help you use communication aids in ways that are comfortable for both you and your listeners. The basic ground rule is the same as that for most situations discussed: If you show that you "take it in stride," others will too - no matter how unusual the device or system might be.

Socialization Problems

Being born with a disability or acquiring one early in life can present a special set of problems, because initial socialization may be lacking. Parents of disabled children often feel forced to be overprotective and may have more conflict in their marriages. The "bonding" that ordinarily takes place between parents and children may be impaired. The disabled child may not be allowed to make decisions or explore the environment as much as other children. Also, s/he may be isolated at home and not get to see disabled and nondisabled children interacting. In other words, disabled children need models of social behavior which they may not receive.

Members of a peer group (people with whom you identify and feel close) play important roles in helping children learn about both cooperative and competitive behavior. They allow expressions of aggression; reward independent behavior; permit different social roles to be tried in the safe

context of the group; and offer confirmation or disconfirmation of self-judgments about competency and self-esteem. Too, peer groups share information and experiences regarding disability. Thus, disabled children need not feel theirs are unique personal problems, and nondisabled children can learn to accept disabilities.

One way of compensating for the lack of such early socialization experiences is to join disability-related groups, which offer ready-made peer groups relative to disability. You'll find good models and poor models, ways of dealing with situations that you can adopt and ways that you'll want to avoid. Peers will tend to give you more honest feedback than you get from others who fear hurting your feelings.

Parents can help their disabled children by recognizing the problems that poor socialization creates and by giving their children honest feedback. Also, when parents move to new neighborhoods they can invite the neighbors and children in to get acquainted and help start peer relationships. It's often useful to join or start parent support groups in which the difficulties encountered in raising physically limited children can be shared. Frustrations can be reduced when parents support each other.

Reactions to Deformity and Disfigurement

The human tendency to be prejudiced against people with different skin colors shows what a low tolerance we humans have for people whose appearance is notably different from what we consider "right" or "average." Consequently, if your face is disfigured or your body is deformed as a result of disability, you may as well expect some negative reactions - until a new acquaintance has a chance to know you as a person. The problem usually solves itself, given a little time, opportunity for continued contact, and the deformed/disfigured person's willingness to "hang in there" and understand without feeling insulted.

Many people who have had accidents which have seriously disfigured them say that failing to prepare others in advance about their unusual appearances may lead to fear, surprise, and embarrassment for all concerned. When they can't prepare others in advance, they prefer to stand in the shadows or at a greater than usual distance at their first meeting to slowly let other persons become used to them. Learning to manage being stared at (as discussed in the previous chapter) or intentionally "ignored" will ease social interaction regardless of the degree of disfigurement or deformity your disability entails. It is important to remember that it is not your looks that matter; it is how you feel about them. Able-bodied people can become so preoccupied with a minor facial or figure flaw that they make themselves miserable imagining everyone is staring at it. At the same time, a number of severely deformed or disfigured people have developed highly successful careers in the public eye and also have rewarding social and love lives. The key is the high degree of esteem they feel for themselves. They communicate this self-respect to others and, as

a result, their deformities and disfigurements "disappear"; they are simply blotted out by the beauty from within.

Nonvisible Disabilities

People with problems such as diabetes, heart problems, or asthma are faced with the somewhat difficult tasks of deciding whom to tell about their disabilities and what to tell. If the other person is an employer, for example, there may be practical consequences if the other person finds out about a disability you don't disclose. Also, concealing a disability from people generally does not teach you how to deal with its social consequences. That is, if you don't confront the issues, you tend to remain fearful about social interaction, which can result in increased anxiety and insecurity. People with nonvisible disabilities often have few group supports and may not learn until late in life that their problems are shared by others with the same disability, and some have learned ways to manage them.

Whether or not you reveal sometimes depends on how intimate you want to be with the other individual. If you feel no obligation to disclose, and you have no interest in developing a close relationship, you may want to reveal less. The important point is to learn to deal with whatever consequences your disability has on your interpersonal relationships; and often, this calls for you to be open and honest about the presence of an unseen disabling condition.

Inappropriate Emotionality

Some people whose disabilities involve damage to brain tissue (such as head injuries, multiple sclerosis) may cry and laugh when it is inappropriate to the emotional situation or environment. Explaining such behavior to others is a little difficult at first but very important. Realizing that the behavior results from a physical problem may help both you and others to relax and accept (and sometimes enjoy!) episodes of behavior that, without explanation, might be alarming.

Reactions to Wheelchairs

The wheelchair appears to be a powerful social stimulus. Its visibility and association with "invalidism" often provoke inappropriate interaction efforts from others: attempts to reassure, encourage, cure, or bless you, for example. It's important to realize that you are not personally responsible for these reactions. Dealing with them assertively (see Chapter II) will slowly help to break down the negative connotations of disability that stimulate such behavior by others. Remember, not every comment - however inappropriate - must be met with confrontation. If a remark appears well-meant, and the person shows no signs of intruding further on your privacy, you might simply accept it. If unwanted follow up seems likely, however, you may wish to assertively end the conversation. For example, you could say, "I appreciate your interest, but I'm

well-informed about my disability and intend to follow a different course of action."

Wheelchair problems are more difficult to manage, because your safety may be at stake. If you fall out of your wheelchair, lose a crucial part of it, or need help up a curb, give the people who are helping you specific directions on what to do. If you don't, they may injure you or make an embarrassing scene. Whether it's easier to solve the problem yourself or to ask for help is your decision, based on your capabilities and your emotional needs.

Managing the topic of "wheelchair" is also an important ability. Ideally the focus of conversation ought to be on you as a person and not as the contents of a wheelchair. If allowing others to talk about the wheelchair too much is a dehumanizing interpersonal experience for you, you can briefly explain or comment and change the subject when you've dealt with that topic enough.

IV. SPECIAL PEOPLE: SPECIAL SKILLS

Since individuals behave differently in different situations, the skills needed for relating to others sometimes depend on the nature of the relationship and the purposes for interacting. Many people we meet and interact with daily come into our lives not because of who they are, but because of the positions they hold. Interaction may be limited to brief encounters, as with salespersons or waiters, or longer-term relationships may develop, as with one's car mechanic, doctor, or welfare worker. In a sense, the jobs they hold and our needs for their services make them "special." Children are also special, because how we relate to them will have an important impact on whether they develop healthy or unhealthy attitudes about disability and people with disabilities. Finally, the most special people to consider are our loved ones, the people with whom we have or want to have close or intimate relationships. This chapter will survey some of the major issues to consider in each of these areas and suggest approaches that may prove helpful.

Brief Encounters

Superficial relationships with people such as salespersons, waiters, and passing acquaintances, are usually the easiest to handle assertively and require less risk. However, some people have such poor self-concepts that they feel they must try to please everyone. It also appears that disability may increase this tendency in some people. When you want to say "no" to a persistent salesperson, reject unwanted attention from a stranger, or gain the attention of a waiter who is ignoring you, use a firm voice, eye contact, and few, if any, explanations. Although it is important to be courteous, such superficial encounters are not the times to be concerned about whether people like you.

Dealing with clerks and salespersons is facilitated by use of a moderately loud voice when you make a request and making eye contact or facing the person. If you use a wheelchair, you may not be seen because of your lowered height. Occasionally, clerks and salespersons may be anxious about talking to you or may expect you to be with a helper who will make any purchases. Typically, however, you just need to get the person's attention. Blind people may need to say something like, "Let me know when it's my turn" if there are others waiting to be served.

Quietly initiating requests for a table from a restaurant host, asking for information about a menu from a waiter, and/or initiating a food order can prevent the annoyance of hearing a waiter say, "What does s/he want?" to your companion(s). When it does occur, simply respond as if the question had been (appropriately) addressed to you. Many disabled individuals coach their regular dining companions to respond politely, "I don't know," allowing the disabled person to then answer.

People you have just met at parties, meetings, or in casual social situations may respond to your disability with more emotion than you feel.

When an opportunity arises, briefly and calmly reassure them. You may want to point out that it is something you have lived with for awhile, and it has much less effect on you now than on people to whom it is new.

Some people may try to be more intimate than you want. They may ask questions you prefer not to answer or tell you more intimate details about their lives than you wish to know. This happens because disabled people are often expected to be very empathetic. The techniques described in the previous chapter in the sections on "Handling Unwelcome Social Advances" and "Handling Questions" can be applied.

Children, with their natural curiosity, deserve answers to their sometimes surprising questions. The openness and honesty of children should be returned. Reassure their parents that it is all right for them to ask questions. This offers a good opportunity for you to explain your disability and help people feel less nervous about it. You might say something like, "it's okay for him to ask questions. I think it's important for people to find out about handicapping conditions and to help kids be more comfortable with them." Thus, you can educate the parents as well as the child.

Repeated Interactions

These types of relationships involve more risk, anxiety, and sometimes guilt, and require more understanding on your part, more explanations, and demands for compromise. To illustrate this, your car mechanic may have to know why you want your car so soon, and you may have to reflect his or her concerns and show that you understand his or her position. The following sections will discuss the issues and skills needed in dealing effectively with health professionals, teachers, employers, personal service providers, agency workers, and individuals with whom you are close.

Health Professionals

People who work in the helping professions such as medicine, nursing, social work, and psychology, may know a lot about disability, but they often see only those people who are having difficulties. Therefore, they may not have realistic attitudes about living in the community as a disabled person. Thus, they may expect you to be less capable and happy than you are.

Giving them accurate information on how you function can help them help you. Also, they need appreciation; that's one of the reasons they chose their professions. Therefore, express your appreciation and support to them for understanding you if they do.

In medical situations you often have to ask for explanations and diagnoses, express a lack of understanding, or suggest alternatives and compromises. If you find that you forget questions you want to ask in

anxiety arousing situations, list them beforehand. When health professionals are asked what they want patients to do in their own medical care, they say, "Learn about your body so you can assume responsibility for it." They want you to learn, so don't be put off when they seem hurried and unwilling to answer your questions. Insist upon answers; it will benefit them as well as you.

When consulting a health professional, be specific about your complaints and symptoms. However, you cannot assume that your doctor or nurse knows everything and can fix everything. They have limitations and you need to know what they can and cannot do. The role of most rehabilitation professionals is to teach you, not to do for you, even though it might be more efficient to do certain tasks themselves. In short, it's your body and your life. Use the medical experts' knowledge and skills, but make sure you become well enough informed to make the decisions and rehabilitate yourself.

Teachers

Like others in our society, teachers often know little about your actual capabilities and limitations. This requires you to be able to explain your limitations and suggest workable compromises or alternatives which will permit you to function effectively in school settings. A few may resist allowing you to meet course requirements in nonstandard ways. This is best met by firm but polite insistence that a way must be found, plus well-thought-through suggestions that will minimize extra work for the instructor and any cooperating students, and will offer a fair way of grading your class performance. A common way of cooperating with other students is to assume responsibility for note taking while another student manages all of the physical manipulations required in a laboratory course. If an instructor continues to resist accomodating your needs, you may have to become aware of your rights and, as courteously as possible, make sure the instructor becomes aware of them, too. For example, you have a right to tape record lecture material if you are unable to take notes. An instructor who is preparing a book from lecture material can be reassured that you will use the tape only for your own study purposes.

Employers

The job market is a difficult situation with which to deal. When the worker has a disability, the relationship with the employer is complicated by the ambivalent feelings discussed in Chapter I and by current federal regulations on "hiring the handicapped." In general, employers may feel they should hire you because of public pressures and because of possible legal and financial consequences if they don't. Therefore, when they do hire you, they may overidealize you and hold unrealistic expectations of your abilities. In other words, to overcome their conflicts about hiring a worker with a disability, they may have to make you look better than you are to compensate for the anxieties

associated with hiring you.

Early in your employment, try to define the limits of your ability and let your employer know what you can and what you cannot do, as related to your disability and to your job performance preparation. Later on, if you must refuse to do a task because you don't feel you can accomplish it due to insufficient experience or because of your physical limitations, show that you have "heard" and understood your employer's position and feelings, and explain your reasons clearly.

You also may find that others assume you are more preoccupied with disability-related matters than you are. One way of dealing with this is to self-disclose some of your concerns which are unrelated to your disability. In other words, talk about meeting your mortgage, being tired from a late night, or other ordinary human problems. This helps people realize that you are a human being with concerns, strengths, and weaknesses similar to their own.

When employers want to fire disabled workers, they sometimes become overly critical and excessively blaming. This helps them justify an action which they regret having to take. Again, you may reflect the criticism and thereby let the person know that you understand what s/he is saying. You should then ask for the specific behavioral changes the employer wants; try to find out exactly what modifications s/he wishes. Emphasize your motivation to do well. Let your employer know that even though you've made a mistake, you are committed to the job, you want to learn, and will try to meet his or her standards (even though you may not completely agree with parts of the criticism). It may be a good idea to let him or her know that you understand how difficult it must be for an employer to deal with fair employment practice regulations when they appear to interfere with making a profit. This serves two purposes: it makes the implicit issue of fairness explicit; brings it into an open discussion; and allows you to go on to explain how you can best help the company earn a profit. You should have thought this through in advance and perhaps tried out your response with a friend so you can express yourself clearly and briefly.

In general, the conflicts described appear to be lessening as more disabled people get jobs. Nondisabled employers and co-workers are learning from personal experience that people with disabilities are pretty much like themselves. However, it's important to be assertive when such situations do arise. This makes things easier for you, and will help other disabled workers who come after you.

Personal Service Providers

These include attendants, readers, drivers, interpreters, notetakers, and perhaps, other personal support providers. The interpersonal skills required in hiring, training, supervising, and terminating the employment of personal service providers are discussed in

detail in a guidebook published by the Institute for Information Studies entitled Hiring and Supervising Personal Service Providers: A Guide. Instructions on how to obtain the booklet are included in the order form on page 50 of this publication.

Agency Workers

Dealing with bureaucracies can be very difficult no matter what your physical condition. Knowing how the agency operates, showing patience, making specific requests, participating actively, and working toward compromises can be effective. Just as you want agency workers to "put themselves in your shoes" and understand your needs, it is important for you to understand their situations and limitations, too. This requires you to learn about the agency - its rules and procedures - and to practice patience and tact. Also, the ability to state your needs and requests accurately and simply is vital. Many "bureaucratic snags" arise from confusion over what an applicant or client really wants.

Since it is your life you're planning, you are the best person to take the lead in the helping process. The skills described earlier under "asserting yourself" can be applied here. Often you may choose to hand carry papers from one office to another, since waiting for the interoffice mail can delay you. The "squeaky wheel" keeps things moving on people's desks! Don't hesitate to suggest ways to help the person help you. When new ideas are offered in a spirit of cooperation and shared responsibility, they are usually welcomed.

Close Relationships

Techniques for establishing and maintaining close relationships are covered extensively in the book entitled Intimacy and Disability published by the Institute for Information Studies. Briefly, it should be noted here that those relationships are generally riskier and require more attention to empathy, giving explanations, and making compromises. Negotiation skills are often needed in close relationships. Negotiating simply means "bargaining" about what you're willing to give someone in exchange for getting what you want from him or her. For example, you may want or need to negotiate for the help you need. You may be able to do a task, but if it's easier for your partner to do it, you may tend to ask him or her to do so. If you ask too often, however, your partner may get resentful. To avoid this, it's often a good idea to negotiate the frequency of those requests and agree on a "tradeoff," something you will do for him or her in return. The tradeoff might be as simple to do as not getting angry when your partner does something that annoys you. That is, it is not necessary to trade a physical task for a physical task. As you can see, a byproduct of negotiating is learning what really matters to another person. Another way to do this involves "constructive feedback." The techniques for giving constructive feedback, mentioned earlier, are particularly important in maintaining close relationships. The purpose of constructive feedback is to keep the communications between you and your partner or loved one open

and honest. This includes letting the other person know when s/he is doing or saying something that could cause you to be angry or unhappy and, perhaps, to want to limit or end the relationship. Because it often involves criticism, it must be done tactfully and fairly. The list at the end of this chapter offers fourteen tips on how to give constructive feedback to another person in ways that will help the relationship and not be seen as an "attack."

Parents of disabled people often overprotect them. If this is true in your family, the techniques of constructive feedback can help you teach your parents how much more they could help you if they protected you less. Encourage them to give you feedback on how your actions affect them. Then, each of you can anticipate and acknowledge each other's feelings; give brief, honest explanations; and seek mutually acceptable compromises.

The last topic may be a problem more people would like to have. An unexpected, large increase in income - through settlement of a suit or the granting of service-connected benefits to a veteran - may strain relationships with relatives. People who aren't experienced in handling large sums of money sometimes try to "buy" love and affection. They may try to impress people with the amount of income they have. At the same time, they may think that nobody loves them except for their money. These kinds of situations can disrupt family relationships. If you want to give people money, make sure both you and they understand your reasons. Generally, money should not be used as a reward or punishment with loved ones. If there are "strings attached," your relationship may be headed for trouble.

CHARACTERISTICS OF CONSTRUCTIVE FEEDBACK*

1. It describes but does not evaluate the other person's behavior.

2. It is specific, not general. Your comments should relate to a particular action or situation.

3. It focuses on behavior, not the person. People can make constructive use of feedback about how particular actions are affecting another. They cannot change their entire personalities to suit the wishes of others.

4. Its purpose is to give accurate information. It is meant to make us feel better.

5. It is directed at behavior the receiver can do something about. If you know the behavior that bothers you is beyond the person's control, there may be no reason to mention it. You may simply have to accept what he or she has had to accept. In a close relationship, you may want to share the fact that you are working toward acceptance.

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CHARACTERISTICS OF CONSTRUCTIVE FEEDBACK* (Continued)

6. It is solicited rather than imposed. That is, give the person a chance to tell you whether feedback is wanted.

7. It is well-timed. It should generally be done in private and when you are not angry.

8. It is a sharing of information, not advice giving. After you have shared information about how a person's particular behavior has affected you, if advice is wanted, allow the person to ask for it.

9. It involves only the amount of information the receiver can use.

10. It concerns <u>what</u> is said and done, or <u>how</u> but not why. You cannot really know another person's reasons. Claiming to know them will only annoy the other person.

11. It is checked to insure clear communication. You know what you meant to say. Is that what was understood?

12. It is checked to determine the degree of agreement. This is feedback for <u>you</u>. Maybe with additional information, you'll feel differently about the behavior that initially bothered you.

13. It is followed by attention to the consequences of feedback. How does each of you feel toward the other and about your relationship?

14. It is a step toward authenticity. That is, you have shared honest feelings in an open and fair way. The other person has had a chance to do the same. This generally results in greater trust and closeness. You have removed your "masks" and let each see a bit more of "the real you."

*Adapted from: Berquist, William H., and Phillips, Steven R. <u>A Handbook for Faculty Development</u>, vols. 1 and 2. Washington: The Council for the Advancement of Small Colleges in association with the College Center of the Finger Lakes, 1975, 1977.

V. ACQUIRING INTERPERSONAL SKILLS

This last chapter will discuss ways to acquire the interpersonal skills described. First, various settings in which these skills are taught will be presented. Second, exercises you can do by yourself or with another person or group will be suggested. These include "behavior rehearsal" exercises. Third, books, films, and other learning materials which you may use in your learning experiences will be presented.

SETTINGS

This section will discuss selected settings to which you may go for help to learn these interpersonal skills, along with important aspects of each teaching environment.

Hospitals

Trieschmann (1980) has pointed out that acute-care hospitals are rarely good places to learn interpersonal skills. Too often, the "patient" is seen as a passive recipient of instructions and guidelines from hospital staff. Thus, few opportunities to test alternative ideas may be given. When staffing is low, to get duties accomplished, passive/submissive behavior may be rewarded, and assertiveness may be treated as a "personality" problem! Rehabilitation hospital personnel are becoming aware of the problems this creates for their patients later on, however, and are trying to correct their errors. Some are now offering assertiveness skill training to inpatients and outpatients.

Rehabilitation Centers

Rehabilitation centers for people with sensory and physical disabilities usually have the advantages of larger staffs and large peer groups which give opportunities to see different kinds of models, both good and bad. Also, many psychosocial staff may be available. Still, the emphasis is on physical or sensory retraining. The ability to use your available sensory and physical skills to their greatest advantage will help in dealing with people interpersonally. However, specific training in interpersonal skills and social relationships is needed, and in most rehabilitation centers, little is offered. A few outstanding exceptions include the Palo Alto Veterans Administration Medical Center, which has social skills training programs for blind, brain injured, and spinal cord injured people; Presbyterian Hospital in New York City; Craig Rehabilitation Center in Englewood, Colorado; and the Institute of Rehabilitation and Research in Houston, Texas. This situation will probably be changing in the next few years, as rehabilitation centers recognize the importance of good interpersonal relationships for disabled people.

Independent Living Centers

These facilities offer good opportunities for peer relationships, a wide variety of good models, and the most opportunity for practice in the "real" world. They typically use peer counselors, people who are personally familiar with the social disadvantages of disability, and who also may be trained in social relationship, community reentry, and interpersonal skills.

Sharing feelings about the social implications of disability, trying out suggestions such as those given in this book, getting feedback, and changing the way you handle different situations can be facilitated by the support given in these centers. Being coached by an individual who has dealt with similar situations before often makes you less anxious and, therefore, more successful in your own efforts. A few independent living centers have developed programs which offer "learning modules" covering practical aspects of independent living such as: money management, social skills, sexuality, using community resources, consumer affairs, activities of daily living, housing arrangements, time management, and vocational opportunities. The most useful programs teach factual knowledge plus interpersonal skills.

The "Natural" Environment

Most disabled people aren't involved in independent living centers, hospitals, or rehabilitation centers. Most of us live in the "natural" environment, which can be a haphazard or counterproductive training ground. (See Cogswell, 1968 for more on the natural environment of spinal cord injured people.)

However, real-life situations do make the best training experiences. People respond to you in their normal ways and give you feedback from which you can benefit. Since the natural environment is where we live and grow, the rest of this chapter will recommend exercises and sources of outside help, including books and films, that you may use to learn how to strengthen and improve your social and interpersonal skills.

EXERCISES

The following suggestions are designed to help you develop the interpersonal skills that have been discussed. It should be emphasized that these exercises are growth experiences; they are not panaceas or cure-alls. Strengthening your social skills through such exercises will help you deal with the social environment but won't by itself, resolve your social problems. You may also need to change certain attitudes about your social behavior, or to change specific behaviors. These exercises may also help you learn how to accomplish these goals.

Exercises to Do by Yourself

These exercises are designed to help you increase your comfort and decrease your anxiety in difficult situations. They are also designed to

help you increase your own motivation and involvement in learning social skills. They will teach you ways to mentally practice interpersonal skills, to rehearse them, and to imagine how you are going to deal with troublesome situations.

Relaxation

Relaxation is a difficult skill for many. We live in a stressful environment, and some allow their bodies to respond to that stress by tensing their muscles, or becoming emotionally upset, which may cause excessively rapid breathing, poor blood circulation, or stomach acid secretions. To reduce these troublesome physiological responses which may occur in new situations, learn to relax by using these exercises.

First, find a place where it is quiet and you will not be disturbed. Then, get into a comfortable position. You can be seated or lying down as long as you are not "fighting gravity" to maintain your position and, at the same time, not too likely to fall asleep. Try to "get in touch" with the muscles of your body of which you are aware; try to notice where the tension is; then tense and relax each of the major muscle groups in your body starting with your facial muscles (a very important group) and working downwards. If a muscle group is paralyzed, pretend to tense it; tense it in your imagination. As you tense the muscle for a few seconds, you should inhale; then exhale when you relax the muscle. As you relax the muscle, think the word "relax" to yourself and imagine a calm, peaceful scene where you feel happy and comfortable. This may be the seashore or mountains, or even a favorite room. Practice this exercise once or twice a day for two or three weeks until all you have to do to relax is exhale, imagine a peaceful scene, and think the word "relax." You can then use this technique to relax in difficult situations when you are trying out new things.

Another technique you can use to relax "on the spot" is deep, regular breathing. Practice filling your lungs to a count of four (or any other number that is comfortable for you), hold it in for half that count; then use the full count to exhale all of your breath. The more you practice this at home, the more effective it will be when you use it in "social emergencies" such as feeling afraid to speak in class or before a group. Breath control is a very important part of relaxation. Even if your "vital capacity" for breathing is seriously impaired by your disability, you can learn to control the <u>regularity</u> of your breathing. This will help calm you almost as much as breathing more <u>deeply</u>. Add half a dozen (or more) of these breathing cycles to your daily exercise program.

Mental Rehearsal

This brings us to the concept of mental rehearsal, which involves trying out a behavior or response in your mind. You imagine

the situation and how you would handle it. This is not a substitute for action; it is an aid to action. It is being used more and more by athletes, and is a good way to reduce the anxiety we feel in new situations. Some people may have the needed assertiveness skills but still feel anxious about trying them. If you are one of these people, mental rehearsal may help you to anticipate your own feelings, and examine any irrational ideas that might hold you back before you follow through with an assertive response.

The following list gives a series of "rational statements" which you can repeat to yourself while you imagine that you are in a different social situation. They are designed to help you deal with the anxiety you feel about entering the situation.

RATIONAL STATEMENTS TO REDUCE WORRY ABOUT

SITUATIONS THAT HAVEN'T HAPPENED YET*

- I will plan for this and do my best.
- I will never be able to please everyone all the time no matter how hard I try.
- I have the right to stand up for myself no matter how well-known another person is.
- If I make a mistake, I am only proving that I am human.
- If this goes wrong it is unfortunate, but it's not awful; it's not a catastrophe.
- All human beings make mistakes no matter how much they try to avoid them; mistakes may be unfortunate, but they are not terrible.
- I will learn from the mistakes I make. Not everyone is going to like what I do all the time, and it is not logical for me to expect them to.
- I am important and want to stand up for myself.
- If I lose someone's approval by asserting myself, I will only prove that I can't please everyone all the time.
- I will learn to cope with occasional rejection from others.

* Adapted from Rakos (1979)

The list below shows a series of statements you can use in a similar way for coping while you are actually in the situation. When you find yourself becoming anxious, saying these statements to yourself helps to reduce your anxiety. If you combine mental rehearsal with relaxation techniques, it is most effective to say these statements to yourself after you have become relaxed.

RATIONAL STATEMENTS TO REDUCE ANXIETY

WHILE YOU'RE IN DIFFICULT SITUATIONS*

- Take a deep breath and relax. Stay calm!
- I'm in control - stay calm!
- This anxiety will eventually disappear as I gain experience.
- Here is a good situation to try assertion in. It will be over shortly.
- Keep calm and look right at him or her. This is a good learning situation, so I will go through with it.
- I'm not going to do this perfectly, but that's to be expected.
- Nothing terrible will happen if this fails.
- I am going to stand up for myself this time. I'm right!
- I am probably anxious over nothing. He or she will probably respect what I have to say.

*Adapted from Rakos (1979)

Self-reinforcement

"Self-reinforcement" means strengthening your ability to perform an activity by rewarding yourself for your gains. Some people take an "all-or-none" approach to reaching goals. If they don't succeed completely, they don't take any credit for the gains they did make. It is much more effective to set small, step-by-step goals for yourself. Each time you reach one of these small goals or steps, give yourself a small reward. Instead of promising yourself a long vacation after you have reached the final goal (for example, of getting a "steady"), it's better to reward yourself with a movie or a dinner out for having accomplished the small goal of giving a woman or man you find attractive a phone call. The reinforcement you give to yourself depends on what you consider to be a reward. Some people make lists of specific things they would like to have or do and use those for self-rewards. This may call for a little self-discipline. For example, if you enjoy watching football games, only allow yourself

to watch a particular game after you have accomplished a small goal you've set but have postponed attempting. Sometimes, self-reinforcement can take the form of simply saying to yourself, "You did a good job there" or "You're making fine progress." The good feelings that come from self-reinforcement can help increase your self-esteem and increase your involvement and motivation to continue with any type of behavioral change program that you want to attempt.

Using Role Models

Using role models simply means observing how others deal with the situations that trouble you. It is a way of learning from the experience of others, and you can learn from their mistakes as well as their successes. Role models can be found everywhere in books and films, and the "people watching" you do in everyday life. Consumer operated independent living centers are particularly good places to find socially successful disabled role models; so are disability-related organizations, such as political action associations of blind, deaf, and/or physically disabled citizens. Try watching how successful disabled people deal with situations that concern you. Concentrate on the components of assertiveness that were described. Pay attention to the consequences of these approaches. Watch what happens to the person who uses a particular approach, and see if it is the type of consequence that you want. In this way, you can often learn as much from bad examples as from good ones.

Behavior Rehearsal

Behavior rehearsal is like mental rehearsal except that you actually try out the behaviors and see how you do in private. Using a tape recorder allows you to practice the loudness and firmness of your voice and the fluency of your speech. You can use a full-length mirror to get feedback on your posture and to encourage you to make eye contact. A videotape recording of your rehearsal could give the best information on both the auditory and visual aspects of your "performance." It allows you to see yourself as others see you. Few individuals can afford such a luxury, but a few rehabilitation centers provide social skills training using "videotape feedback." The following scenes illustrate social situations many people find difficult. Try them out; imagine the other person responding, watch the mirror, and then replay the audiotapes. Compare your response to the guidelines presented in the table on pages 8-10. Is it too passive or submissive? Is it overly aggressive? Or is it appropriately assertive and likely to be effective?

Exercises to Try With the Help of Others

Even though exercises you try by yourself will help you, their disadvantage is that there's no person for you to "bounce your ideas off," to try things out with, and to give you actual social interaction

experiences. Therefore, it's often very useful to develop and maintain a support group which can give you honest feedback, encouragement, moral support, and social rewards. These should be people you can trust and be honest with: friends, relatives, peers from an independent living center, attendants, readers, interpreters, or agency workers and professionals you particularly like. Relatives sometimes have difficulty giving you critical feedback and often need reassurance that even if their comments cause you temporary hurt feelings, you can handle them and want to know how you affect others.

For different reasons, your personal employees may also hesitate to be honestly critical with you. However, if you believe your relationship is a fairly trusting one for both of you, your personal service provider may be a very good source of feedback.

When you ask for feedback from members of your support group or other people whom you encounter, you might say something like, "How do you think I did in that situation?" or "I'm trying to work on refusing unreasonable requests, did I say 'no' firmly enough?" or, "Would you listen to how I say this and see if I'm convincing?" and, sometimes, "I'm trying to change, and I really want your honest opinion." Such statements and questions will help you show others that you need and want honest feedback. If you are careful to thank people for their honesty, and equally careful not to "strike back" when a comment "stings" you will find yourself getting more constructive feedback.

Rehearsing ways of handling situations with supportive people can reduce your anxiety and embarrassment later when you try the response in a real situation. If you use two other people, one can role-play with you and one can serve as an observer. It is very difficult to look at your own behavior while you are engaged in the situation. You need to concentrate on what you're doing at the time rather than observing yourself. Thus, an observer is often a helpful component of behavior rehearsal exercises. Also, your support people can switch roles so each one takes a turn as the observer. Following are some exercises you might try. First, there are situations specific to disability, and then suggestions for general social situations, which might happen to anyone.

DISABILITY SPECIFIC SITUATIONS*

Narrator: You see a man pulling into a parking space reserved for handicapped drivers. The space has a big wheelchair sign over it. The man rolls down his window and says:

Man: "Will it be okay if I park here? I'll just be a minute."

Narrator: You have not seen a friend of yours since you were injured. You meet her on the street and she says,

Friend: "Oh, no! I didn't know that you were blind. How did it happen? How long is it going to last?"

Narrator: You are in a hallway looking for a telephone. You finally see one but realize that it is too high for you to reach the coin slot, so you'll need to get some help with the phone. You look around and finally see someone coming down the hall. He looks your way and says:

Passerby: "Hey, how ya' doin' today?"

Narrator: You are in a favorite restaurant with your date. She has just finished giving her order to the waitress. The waitress looks at your date and asks her:

Waitress: "And what will he have?"

Narrator: An angry shopper suddenly gives you a hard shove from behind, nearly causing you to fall. You realize the person must have asked you to move several times, not realizing you could not hear.

Shopper: "Get out of the way! What's the matter? You deaf or something?"

Narrator: You are at a party, and you discover that your external catheter has popped. Another guest notices the wet spot on your slacks:

Guest: "Did you spill something?"

Narrator: You are shopping downtown. A woman comes up to you, puts her hand on your shoulder and says:

Woman: "Will you pray with me to the Lord and be saved, so you can be whole again?"

*Modified from Dunn and Herman (in press)

PRACTICE EXAMPLES FOR BEHAVIOR REHEARSALS*

Narrator: You are in a restaurant with some friends. You order a very rare steak. The waiter brings a steak to the table which is so well-done it looks burned.

Waiter: "I hope you enjoy your dinner, sir."

Narrator: You take your car to a service station to have a grease job and the oil changed. The mechanic tells you that your car will be ready in an hour. When you return to the station, you find that in addition to the oil change and the grease job, they have given your car a major tune-up. You tell the guy at the front desk your name and ask for the keys.

Clerk: "Will that be cash or charge, sir? That comes to $215.00."

Narrator: You have just come home from work and as you settle down to read the newspaper, you discover that your spouse has cut out an important article to save what is on the reverse side. You really like to read the whole newspaper.

Spouse: "You don't mind? I just wanted to cut this out before I forgot about it."

Narrator: You are at home alone watching an exciting event on TV when someone knocks at your door. When you open the door you find a man who says that he is selling vacuum cleaners.

Salesperson: "Let me come in and demonstrate our latest model. It will only take fifteen minutes of your time."

Narrator: You are having lunch with a friend who suddenly asks if you would lend him $30.00 until payday. You have the money.

Friend: "Please lend me the money; I'll pay you back next week."

Narrator: You are in a crowded grocery store and are in a hurry. You have picked up one small item and get in line to pay for it when another shopper with a cart full of groceries cuts in line, right in front of you.

Shopper: "Do you mind if I cut in here? I'm late for an appointment."

*Adapted from: Eisler, Miller, and Hersen, 1973; Herson, Eisler, and Miller, 1974

In addition, it may be useful to create your own situations based on problems you have had with your disability. To do this:

- Rate the situations for how much difficulty they cause you. Start with the easier situations.
- Try a way of handling each situation for a few minutes, and then get feedback from the person with whom you are interacting and from the observer. Try again and get feedback until you and your support group are satisfied with your performance. If feedback is specific enough, you can be guided by it. After all, they can see you as you can't see yourself. Remember, however, that you are the final judge. If you don't agree with the recommendations of your support group, your way of relating to others is up to you in the long run.
- You can also "reverse roles"; that is, you can take the role of, say, a person who is trying to talk you into something. Try to "be" that person and observe how your support person responds to you.
- Try making your ways of interacting more aggressive, assertive, or passive, and see how the other person's responses change with different types of approaches.
- Try having the other person in the interaction act as a successively harder and harder person with whom to deal. For example, instruct the person to try to make you feel guilty or use aggressive intimidation to make responding more difficult for you.
- Finally, try the approach that seems to work best in the natural environment. If you can arrange for someone else to observe your response, all the better. If that's not possible, you can still use the consequences of your response to give yourself feedback on how you did in the situation. If an approach works for you, makes you feel better, more comfortable, less anxious, and if the outcome was good, then probably you're managing that situation adequately.

OUTSIDE HELP

If you have tried suggestions presented in this booklet and find that they are not helping, or you feel your problems are too serious for self-help, or you want more objective feedback than your friends can give, you may want to consider using sources of expert help.

Assertiveness courses are offered at many junior colleges and other state-supported schools, and often the costs are low. These courses emphasize general social skills and rarely deal with disability-related issues.

Group counseling or therapy offers another possibility. It provides: opportunities for practicing social interactions, a good source of feedback from others, and more support from a trained leader and guru. It is important to choose a group that is working on problems you want to manage

and has a style that will help you learn. You can ask for recommended groups from a nearby rehabilitation, independent living, or college counseling center. Whenever you try outside help, don't be reluctant to drop out if it doesn't seem to suit your needs. It's best, however, to consult the group leader about decisions like this to get feedback about whether your desire to leave the group is related to getting close to issues that upset you emotionally. You may need to "hang in there," despite temporary discomfort, to learn what you need to learn.

Mental health workers in rehabilitation hospitals or in private practice are a valuable resource if your problems require individual professional help. Rehabilitation psychologists and social workers realize that disabled people are often so concerned about their bodily problems that it's difficult to admit that they may also have interpersonal difficulties. Yet disabilities may create interpersonal problems, and they are as important to solve as the physical problems.

State vocational rehabilitation agencies typically provide training in jobfinding skills, which include teaching you how to do job interviews and to deal with employers. These services are very useful. The skills you learn can help you in many of your relationships even though they are designed to aid you, specifically, to relate to employers. If you can learn to behave in an assertive, poised way with employers, your skills will carry over to other situations.

LEARNING MATERIALS

Films have the advantage of showing good and bad examples of behavior that you are trying to learn. Popular films such as Coming Home and The Other Side of the Mountain serve as consciousness-raising devices, even though some may be too dramatic or overdone for "real life." Such films do, however, show how disabilities can affect the social aspects of living. Numerous educational films are also available. A particularly helpful one is entitled Social Skills for Spinal Cord Injury Patients and was made by Dunn, Van Horn, and Herman in 1972. This film shows eight difficult social situations for spinal cord injured persons and passive, aggressive, and assertive responses to each situation. This videotape is also useful to other wheelchair users and other disability groups. It is available through local Veterans Administration medical centers, at some rehabilitation centers, or it can be ordered through the National Audio Visual Center in Washington, DC 20409. Ask for No. NAC004-179. Ask about other films and opportunities to view them at nearby rehabilitation or independent living centers.

Many books are available on assertiveness in general social situations. Some have been mentioned in previous chapters. The bibliography at the end of this book includes publications that provide examples of disability-specific and general social situations, and suggestions for dealing with them.

In addition, for general assertiveness, a home study course is available on audiotape. Rakos and Schroeder (1980) have produced an effective home study program, available through BMA Audio Cassettes, 200 Park Avenue S., New York, NY 10003.

A few film soundtracks and many publications are available on tape for blind users, as well.

CONCLUSION

This book has presented a number of situations that are difficult to manage. It has shown reasons why, in the real world, these situations are difficult; it has suggested exercises for learning how to deal with these situations; and it has attempted to encourage you to examine your social skills and change those aspects with which you are not satisfied. Change is difficult and does not always proceed in a regular pattern. You will have ups and downs; you'll make mistakes in some efforts; and in others you'll do quite well. Treasure your mistakes! They offer excellent and important learning experiences. Study them and use what you learn to decide on new approaches that might aid your social success. We hope you will find this book useful as a reference manual when you practice dealing with old and new situations in more effective ways.

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READER RESPONSE FORM

The Institute for Information Studies is committed to producing the most useful and current information on rehabilitation topics for disabled consumers and other members of the rehabilitation community. Therefore, we seek to identify your interests and needs, and to determine how we can improve our publications. The information you give us will be used to select relevant topics and channels for promotion and distribution for the coming year. We would greatly appreciate your completing the form below by checking the appropriate spaces corresponding to your situation.

1. I would like to be on your mailing list to hear about upcoming publications or services. ☐ yes ☐ no

   Name_____ Title_____

   Organization_____

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   Street (Box #) City State Zip

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   Area Code

2. I am disabled. ☐ yes ☐ no

   I have a disabled person in my family. ☐ yes ☐ no

   I am visually impaired. ☐ yes ☐ no

3. I work in:

   ☐ 01 State rehabilitation agency (general)
   ☐ 02 State rehabilitation agency (blind)
   ☐ 03 Private rehabilitation agency/workshop
   ☐ 04 Federal or regional government office
   ☐ 05 Rehabilitation professional organization
   ☐ 06 Disabled consumer organization
   ☐ 07 Insurance company
   ☐ 08 Legislative-branch office
   ☐ 09 Medical organization
   ☐ 10 Academic institution
   ☐ 99 Other organization (please describe)_____

4. I work as a:

   ☐ 01 Rehabilitation counselor
   ☐ 02 Job placement specialist
   ☐ 03 Educator/researcher
   ☐ 04 Staff development (training) specialist
   ☐ 05 Administrator
   ☐ 06 Public information provider
   ☐ 07 Medical practitioner (including practitioners of such allied medical professions as nursing, physical and occupational therapy)
   ☐ 99 Other profession (please describe)_____

5. I read_____
   Name of this Emerging Issues Publication

6. I found this publication (check all the apply):

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7. I found out about this publication from:

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9. For future, similar publications, here are some ways I think you could improve your product's content, format, and/or distribution:

_____

_____

_____

10. I would be interested in seeing future publications on these subjects:

	Very Interested	Somewhat Interested	Uninterested
Job Opportunities for Disabled Persons in Science and Technology	_____	_____	_____
How to Use Sheltered Workshops	_____	_____	_____
Housing and Homemaking for Disabled Individuals	_____	_____	_____

11. I would be interested in attending a workshop, if conducted in my area, on:

	Very Interested	Somewhat Interested	Uninterested
Small Business Enterprises for Workers with Disabilities	_____	_____	_____
Social/Interpersonal Skills of Disabled Persons	_____	_____	_____
Job-Seeking Skills	_____	_____	_____

12. I would be willing to travel (and have funds available) to attend such a workshop. ☐ yes ☐ no

Please place this completed form in an envelope and mail it to: Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

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